

**THIS DECISION HAS BEEN APPEALED. THE FOLLOWING
IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-05-3083.M5

MDR Tracking Number: M5-04-1742-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 12-15-03.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the prescription medications Methadose, Tizanidine, Effexor, Duragesic, Bextra, Neurontin, and Carisoprodol dispensed from 2/14/03 through 12/03/03 were not medically necessary.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the service listed above was not found to be medically necessary, the request for reimbursement for dates of service 2/14/03 through 12/03/03 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Findings and Decision is hereby issued this 10th day of November 2004.

Regina L. Cleave
Medical Dispute Resolution Officer
Medical Review Division

RLC/rlc

NOTICE OF INDEPENDENT REVIEW DECISION

April 29, 2004

Program Administrator
Medical Review Division
Texas Workers Compensation Commission
7551 Metro Center Drive, Suite 100, MS 48
Austin, TX 78744-1609

RE: MDR Tracking #: M5-04-1742-01
 IRO Certificate #: IRO4326

The ____ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ____ for independent review in accordance with TWCC §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ___ physician reviewer who is board certified in Neurology by the American Board of Psychiatry and Neurology Inc., licensed in 1986 and who provides healthcare to injured workers. This is the same specialty as the treating physician. The ___ physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case. A list of the documents used by the physician reviewer to make this determination is attached.

Clinical History

This 44 year old female was injured on the job on ___ when she was pushing and pulling containers and experienced an onset of pain. The documentation states she was diagnosed with a lumbar sprain/strain. She was subsequently diagnosed with L5 radiculopathy. The patient reached a maximum medical index of 15% whole person as of 06/13/94 based on the medical record documentation. The treatment plan included physical therapy, muscle relaxants, a trial of different anti-inflammatory and narcotic medications.

Requested Service(s)

Methadose, Tizanidine, Effexor, Arthrotec, Duragesic, Bextra, Neurontin, and Carisoprodol, for 02/14/03 through 12/03/03

Decision

It is determined that Methadose, Tizanidine, Effexor, Arthrotec, Duragesic, Bextra, Neurontin, and Carisoprodol from 02/14/03 through 12/03/03 are not medically necessary.

Rationale/Basis for Decision

The documentation provided for review did not support the relationship of the prescription medications to the patient's injury of ___. Therefore, Methadose, Tizanidine, Effexor, Arthrotec, Duragesic, Bextra, Neurontin, and Carisoprodol from 02/14/03 through 12/03/03 are not medically necessary.

Sincerely,